

JAN 15 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Callaway Registration District No. 104 File No. 42172
Township Fulton Primary Registration District No. 3008 Registered No. 301
City Fulton (No. _____) St. _____ Ward _____

2. FULL NAME William Herman Miller

(a) Residence, No. 709 Maple St. Jefferson City, _____ Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 23 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 40 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. E

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME SK

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SK

15. MAIDEN NAME SK

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SK

17. INFORMANT Hosp Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson City DATE DK 19 _____

19. UNDERTAKER Worship & Gordoff

(ADDRESS) Jefferson City

20. FILED Dec 26, 1934 G. N. Cremer Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25th, 1934

I HEREBY CERTIFY, That I attended deceased from Dec 15th Miller, 1934, to Dec 25th, 1934

I last saw him alive on Dec 25th, 1934 Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

Acute cardiac dilation Date of onset 12/25

SK

11003 34

11003 34

Other contributory causes of importance:

Acute Indigestion 12/25

SK 17

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) Thos R. Hopknix, M. D.

(Address) Walt Hosp No 1 Fulton mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1. The first part of the document is a list of names and addresses of the members of the committee.

2. The second part is a list of the names of the members of the committee.

3. The third part is a list of the names of the members of the committee.

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